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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA

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2022 APR 28 AM 11:04

FARID FATA

Plaintiff;

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

BRIAN K. DOBBS (individual Capacity)

A. MENDOZA (individual Capacity)

STEPHEN HOEY, DO (individual Capacity)

K. NOLTE (HSA) - (Individual Capacity)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Complaint for Violation of Civil Rights

(Prisoner Complaint)

Case No. 2:22-Cv-01368-MGL-MGB

(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)

JURY TRIAL DEMANDED.

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

When submitted for filing, your complaint should be accompanied by the full filing fee or an application to proceed in *forma pauperis*.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name FARID FATA

All other names by which you have been known:

ID Number # 48860-039

Current Institution FCI WILLIAMSBURG

Address P.O. Box 340 8301 HWY 521
Salters, SC 29590

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name BRIAN K. DOBBS

Job or Title WARDEN
(if known)

Shield Number Bureau of Prisons.

Employer United States of America

Address USP Beaumont, 5815 Walden Road,
Beaumont, Texas 77707

☒ Individual capacity ☐ Official capacity

Defendant No. 2

Name A. MENDOZA

Job or Title (if known) Associate Warden -
 Shield Number _____
 Employer United States of America / Bureau of Prisons
 Address US P Atlanta
601 McDonough BLVD, SE, Atlanta,
☒ Individual capacity ☐ Official capacity GA 30315

Defendant No. 3

Name Stephen Hoey, DO
 Job or Title (if known) Clinical / Medical Director, Health Service
 Shield Number _____
 Employer Bureau of Prisons, FCI Williamsburg
 Address P.O. Box 220 8301 HWY 521
Salters, SC 29590
☒ Individual capacity ☐ Official capacity

Defendant No. 4

Name K. Nolte
 Job or Title (if known) Health Services Administrator
 Shield Number _____
 Employer Bureau of Prisons, FCI Williamsburg
 Address P.O. Box 220 8301 HWY 521
Salters, SC 29590
☒ Individual capacity ☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- ☒ Federal officials (a *Bivens* claim)
☐ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

N/A

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

Eighth Amendment, failing to meet constitutional
Medical Needs causing pain and physical Injury
(see attached Brief¹⁰) + Exhibits.

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

See attached Brief and Exhibits

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee

- ☐ Convicted and sentenced state prisoner
- ☒ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

FCI Williamsburg, South Carolina. From October 2020 to Present. See attached Brief and Exhibits.

- C. What date and approximate time did the events giving rise to your claim(s) occur?

Nov. 2020 - January 2021 (Mainly "Early December 2020")
~~April~~, May 2021 and June 2021. See Brief + Exhibits
 Continued Physical Injury to December 17, 2021

- D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

See attached Brief and Exhibits.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I contracted COVID-19 and suffered long COVID documented on record by at least three Bureau Providers, with proven recurrent infections associated with my chronic neutropenia (Recurrent skin infections Bacterial and fungal plus Recurrent Prostatitis requiring prolonged courses of antibiotics with Persistent Hematuria) : See attached Brief and Exhibits. with Considerable pain and bodily injury (Pain scores rated by Bureau Providers 7-8).

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

- After the Court examines the "facts" of the Case with evidence of pain and physical injury documented on record, I ask/demand for a Jury Trial that can determine the amounts of the actual physical injuries incurred in the enclosed Brief.
- The Court / Jury would determine what is "reasonable" amounts of
- Need Discovery of "any" and "all" emails communications actual damages.

VII. Exhaustion of Administrative Remedies Administrative Procedures Between Warden & Health Services as enclosed

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

FCI Williamsburg - South Carolina

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

“See attached Brief / Exhibits”
Deliberate Indifference of the Warden at the time and health
Services to perform contact tracing and testing and quarantine #
Fata's housing Unit to save lives in defiance to CDC guidelines stated in
Prison Policies-

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

- ☐ Yes
☐ No

E. If you did file a grievance:

1. Where did you file the grievance?

- FCI Williamsburg - South Carolina (BP-8 and
- BP-10: Regional Office - Atlanta, Georgia (BP-229)
- BP-11: General Counsel.

2. What did you claim in your grievance?

see attached Brief

3. What was the result, if any? Denial

See attached Brief + Exhibits

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

the grievance process is completed including the appeals BP-10 and BP-11, though BP-10 Region failed to respond.
 (see attached Brief + Exhibits)

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

- ☐ Yes
☒ No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
- _____
- _____

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 4-26, 2022 4-26-22

Signature of Plaintiff Farid Fatah
 Printed Name of Plaintiff FARID FATA
 Prison Identification # 48860-039 8301 HWY 521
 Prison Address FCI Williamsburg, P.O. Box 340
Salters SC 29590
 City State Zip Code

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney _____
 Printed Name of Attorney _____
 Bar Number _____
 Name of Law Firm _____

Address

Telephone Number

E-mail Address
